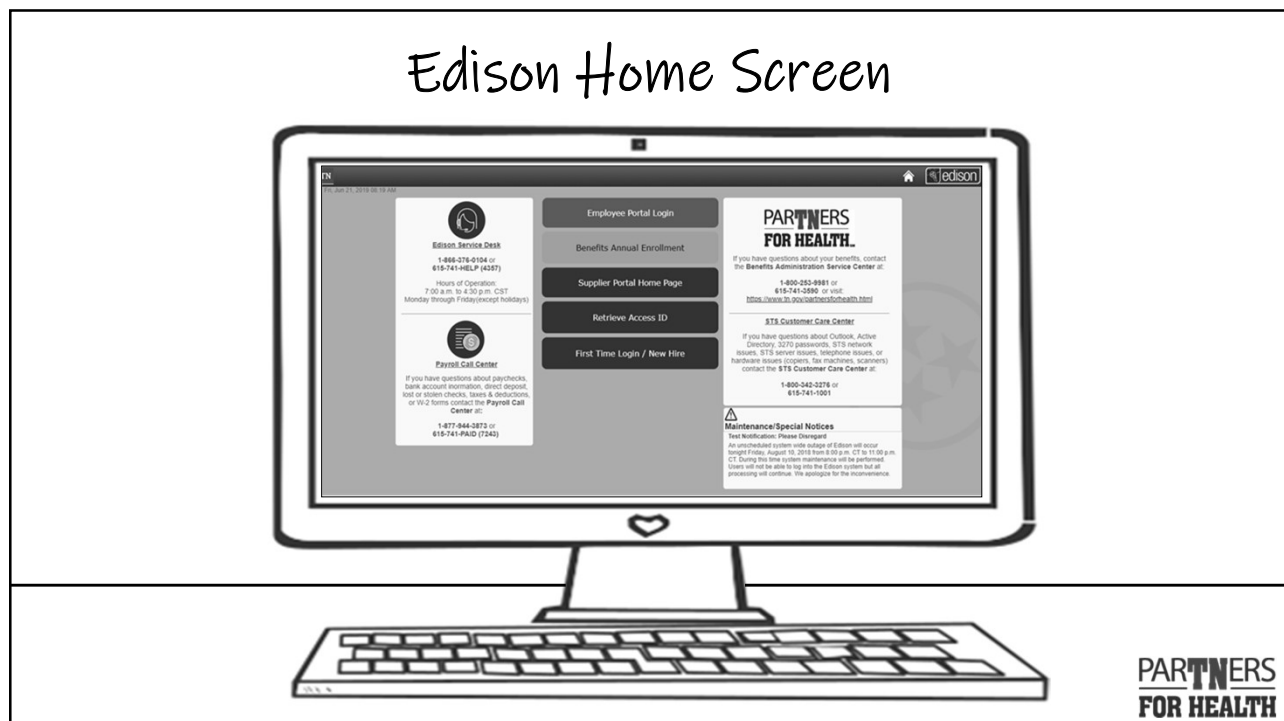
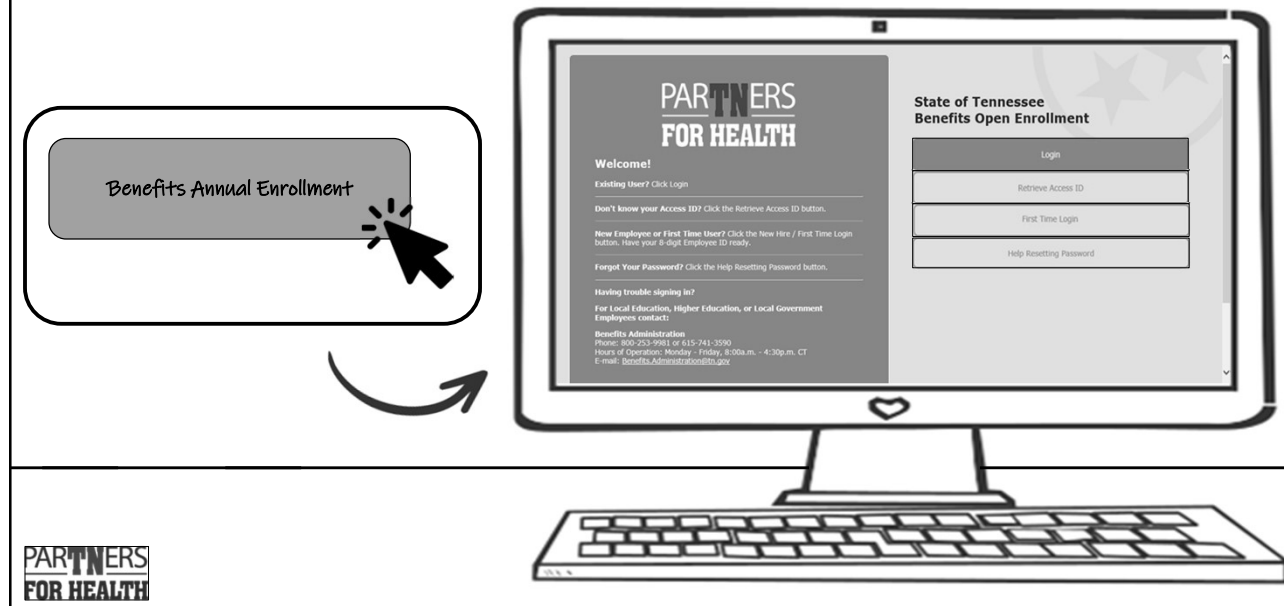


1



2

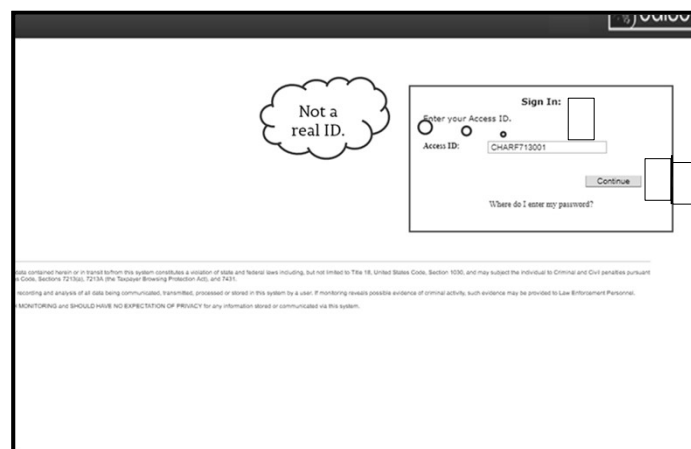
Behind the Green Button: The Benefits Login Screen



3

After You Click "Login"

First, enter your Access Id. Then, click "Continue."



From the previous slide, this is the screen you see after clicking "Login."

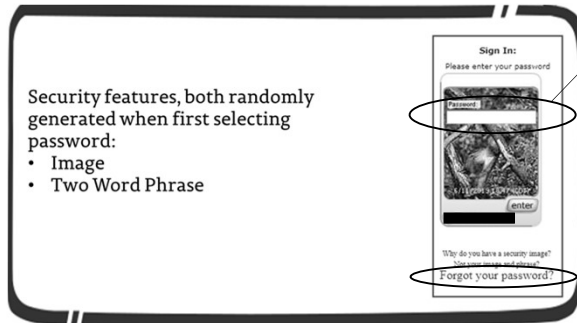
**PARTNERS
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4

You Have Two Options

Security features, both randomly generated when first selecting password:

- Image
- Two Word Phrase



Option 1: You Remember Your Password

- ☐ Simply enter your password in the empty box and click "enter."

OR

Option 2: You DO NOT Remember Your Password

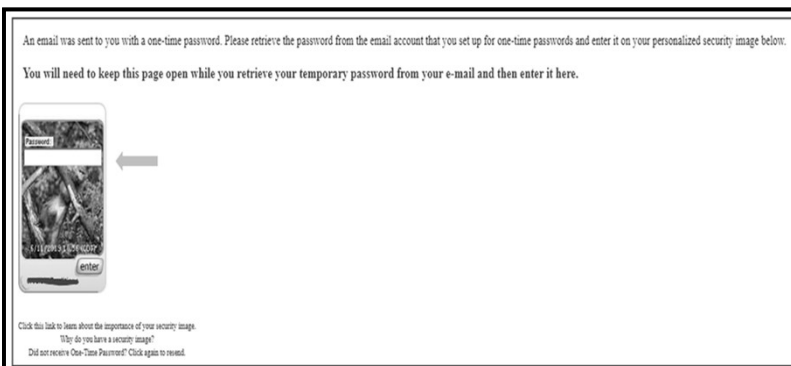
- ☐ Click "Forgot your password?"
- ☐ Let's take a closer look at what happens when you click this button on the next slide...

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After You Click "Forgot Your Password?"

Whether or you have an email on file in Edison or not, you will receive this message indicating that a temporary password has been sent to your email address.



If You Do Have an Email on File:

1. Search your inbox for the email subject "Edison Identity and Access One-Time Password."
2. Enter the temporary password from that email in the empty box.

OR

If You DO NOT Have an Email on File:

1. Please call the Edison Help Desk at 615-741-HELP.

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Selecting a New Password

Enter your password twice – once in the “New Password” box and once in the “Confirm New Password” box. Once typing in both prompts, click “enter” **ONCE**.

```

    graph LR
      A[Please enter your new password twice on the TextPad.] --> B[A valid password must meet all of the following conditions:  
• Password must not contain the following character(s) &lt;br>• Password must not match or contain first name.  
• Password must not match or contain last name.  
• Password must contain at least 2 alphabetic character(s).  
• Password must be at least 8 character(s) long.  
• Password must contain at least 1 lowercase letter(s).  
• Password must contain at least 1 numeric character(s).  
• Password must contain at least 1 special character(s).  
• Password must contain at least 1 uppercase letter(s).  
• Password must be one of 12 previous passwords.  
• Password must not match or contain user ID.]
      B --> C[New Password]
      C --> D[Confirm New Password]
      D --> E[Reset Your Password]
      E --> F[You will receive an email with a link to reset your password.]
  
```

Please enter your new password twice on the TextPad.

A valid password must meet all of the following conditions:

- Password must not contain the following character(s)

- Password must not match or contain first name.
- Password must not match or contain last name.
- Password must contain at least 2 alphabetic character(s).
- Password must be at least 8 character(s) long.
- Password must contain at least 1 lowercase letter(s).
- Password must contain at least 1 numeric character(s).
- Password must contain at least 1 special character(s).
- Password must contain at least 1 uppercase letter(s).
- Password must be one of 12 previous passwords.
- Password must not match or contain user ID.

New Password

Confirm New Password

Reset Your Password

You will receive an email with a link to reset your password.

Please enter your new password twice on the TestPad.

A valid password must meet all of the following conditions:

- Password must not contain the following character(s): &, <, >, % ~ - @.
- Password must not match or contain first name.
- Password must not match or contain last name.
- Password must contain at least 2 alphanumeric character(s).
- Password must be at least 8 character(s) long.
- Password must contain at least 1 lowercase letter(s).
- Password must contain at least 1 numeric character(s).
- Password must contain at least 1 special character(s).
- Password must contain at least 1 uppercase letter(s).
- Password must not be one of 12 previous passwords.
- Password must not match or contain user ID.

New Password

Confirm New Password

click to enter

click to print

After confirming your new password, please **ONLY HIT ENTER ONCE** as there is a slight delay while processing your new password.

After doing so, you will be taken to the Edison Home Screen.



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Behind the Green Button: The Benefits Login Screen



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After You Click "Retrieve Access ID"

1. Enter First Name, Last Name, Birth Date, and Zip Code into the boxes.

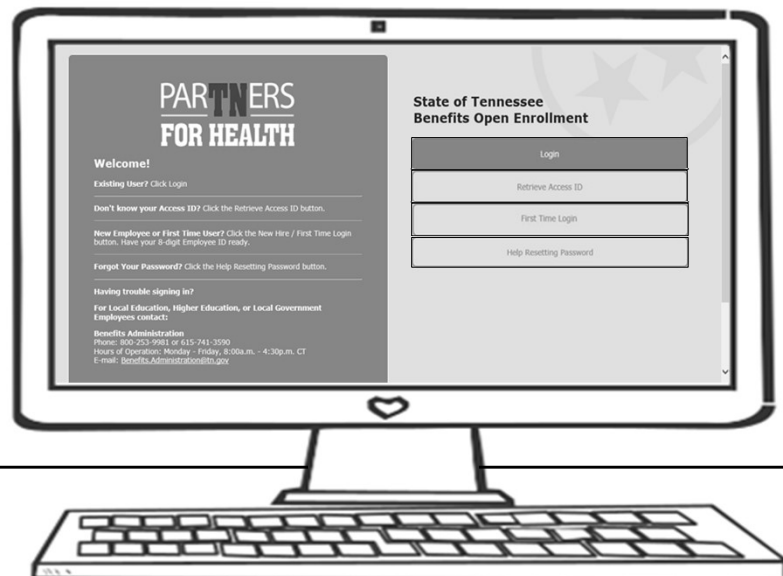
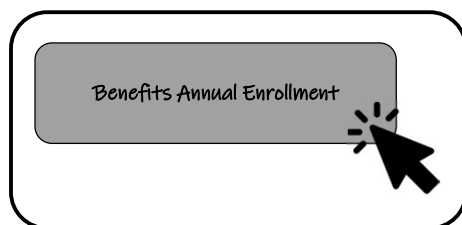
2. Your Access ID will display like this:

From the previous slide, this is the screen you see after clicking "Retrieve Access ID."

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Behind the Green Button: The Benefits Login Screen



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After You Click "First Time Login"

First, enter Last Name, Edison Employee ID, Birth Date, and the Last Four Digits of your SSN.

After clicking "Submit," your Edison Account will be created.

On the next screen, make note of your Access ID and enter the password you wish to use.

Last, return to "Login" and enter your newly acquired Edison Access ID and created password.

From the previous slide, this is the screen you see after clicking "First Time Login."

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Behind the Green Button: The Benefits Login Screen

Benefits Annual Enrollment

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After You Click "Help Resetting Password"

You will be directed to our helpful video on Youtube with instructions on how to reset your password.



From the previous slide, this is the screen you see after clicking "Help Resetting Password."

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New Acceptable Use Policy (AUP)

All users must agree to the Acceptable Use Policy after logging in if they haven't logged in recently.

STATE OF TENNESSEE
Acceptable Use Policy
State of Tennessee Information Technology Resources
User Agreement Acknowledgement

As a user of State of Tennessee IT resources, I agree to abide by the State of Tennessee Acceptable Use Information Technology Resources Policy and the following premises and guidelines as they relate to the policy established:

1. I will protect State IT resources against unauthorized disclosure and/or use.
2. I will maintain all computer access credentials in the strictest of confidence, immediately change them if I suspect their secrecy has been compromised and will report activity that is contrary to the provisions of this agreement to my supervisor and to the office of the Chief Information Security Officer.
3. I will be accountable for all transactions performed using my computer access credentials.
4. I will not disclose any confidential information other than to persons authorized to access such information as identified by state or federal laws, regulations or policies.
5. I will not obtain or use data obtained as a result of or through my position as a user for personal purposes.
6. I agree to report to Strategic Technology Solutions Customer Care Centre, any suspicious network activity or security breach.

Privacy Expectations
The State of Tennessee monitors State IT resources, including, but not limited to, real time monitoring. Users have no expectation of or right to privacy. All transactions and communications are considered to be State property and may be examined by management for any reason including, but not limited to, security and/or employee conduct.

I acknowledge that I must adhere to this policy as a condition for receiving access to State of Tennessee IT resources.

I understand the violation or disregard of this policy may result in my loss of access and disciplinary action, up to and including termination of my employment, termination of my business relationship with the State of Tennessee, and any other appropriate legal action, including possible prosecution under the provisions of the Tennessee Personal and Commercial Computer Act of 2003 as cited in Tennessee Code Annotated, § 39-14-601 et seq., and other applicable laws.

☐ I have read and agree to comply with the policy set forth herein

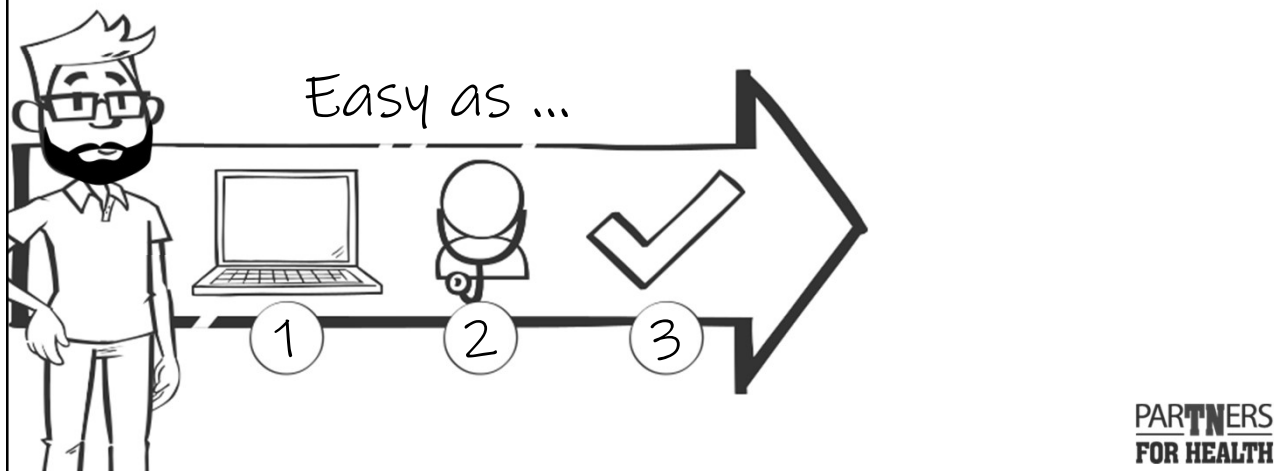
After reading, check the box that indicates you have read and agree. Click the "I agree" button.

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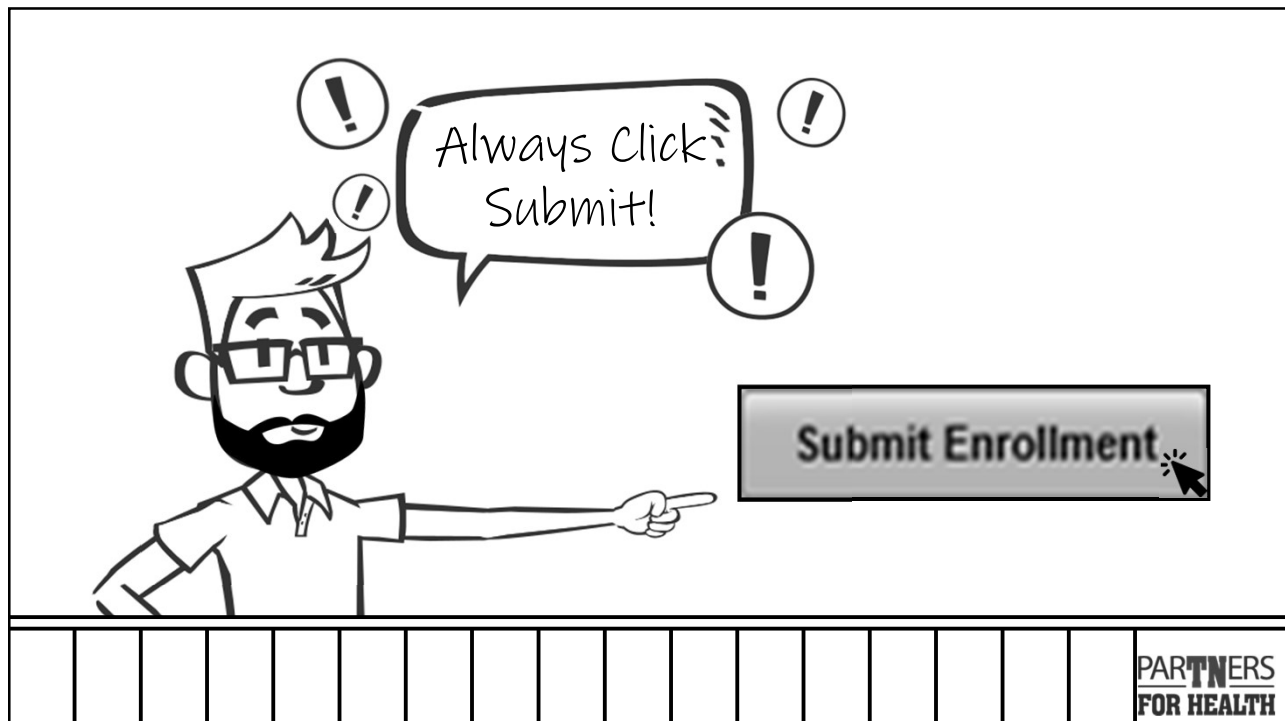
14

Benefits Annual Enrollment

The Edison team is making a few changes that we believe will make the system easier to navigate for both ABCs and the employees of each agency.



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User Experience

- ❑ The Edison Home Page may look different on a computer than it does on a mobile device.
- ❑ When you log in, the system will know what type of device you are on and it will optimize the home page based on your device.
- ❑ For this presentation, we will review what the screens will look like from a desktop view.

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How to Enroll in Edison (Computer)

After logging into Edison, you will see something like this page.

Click on
Self Service.

Click on
"Employee WorkCenter"

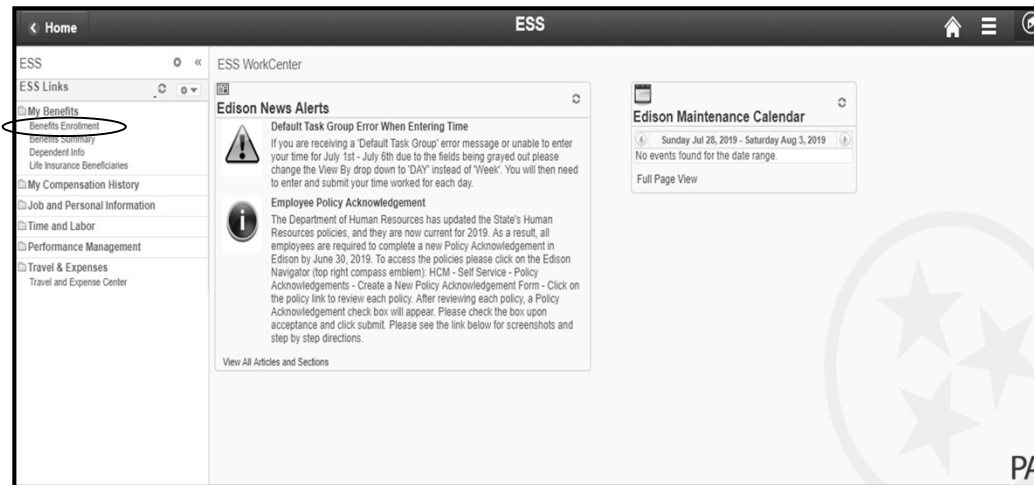


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How to Enroll in Edison (Computer)

Now, click on Benefits Enrollment.

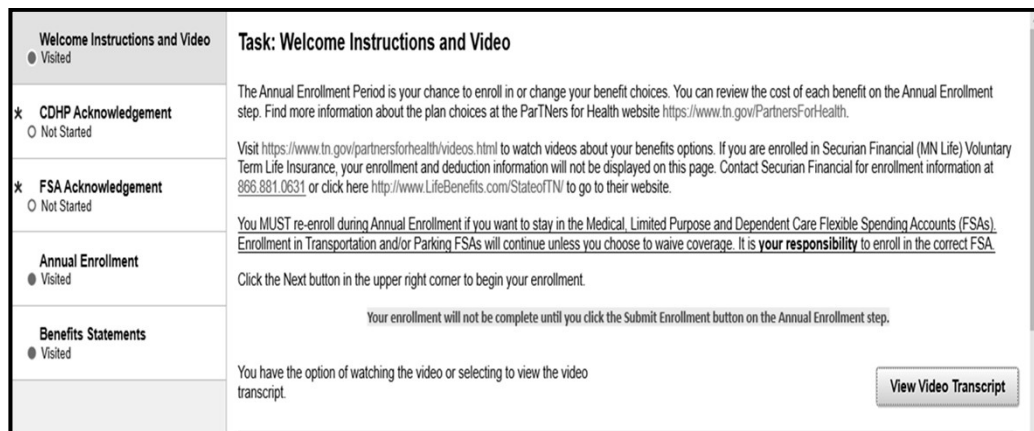


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How to Enroll in Edison (Computer)

After selecting Benefits Enrollment, this is what you will see.



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How to Enroll in Edison (Computer)

Read the welcome message.

Read and agree to the CDHP and FSA Acknowledgments, if applicable.

Select the Annual Enrollment button.

* Note: Only State employees will see the FSA acknowledgement.

Clickable Tiles

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The Medical Tile

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The Medical Tile – After Clicking

Always read the text at the top very carefully!

Medical

The State provides a wide range of comprehensive and dependable coverage options.
Find more information about your plan choices at the PaTners for Health website <https://www.tn.gov/partnersforhealth/>.
To learn more about the CDHP/HSA, please watch our video.
To learn more about PPOs, please watch our video.

▼ Enroll Your Dependents

This list shows the names of your dependents who may be eligible for coverage on our plans. Use the **Add Dependent** button to add new dependents to your list. Dependent verification will be required.
Enroll anyone on this list by checking the box next to the dependent's name. To drop a dependent from coverage, uncheck the box next to the name.

Dependents	Relationship
<input type="checkbox"/> [Name]	Spouse

Add/Update Dependent

▼ Enroll in Your Plan

The Employee plus 1 cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Monthly Cost
Select Premier PPO BCBS Middle	\$284.00	\$284.00	\$284.00
Select Premier PPO Cigna LP Middle	\$284.00	\$284.00	\$284.00
✓ Premier Cigna OAP	\$364.00	\$364.00	\$364.00

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CDHP/HSA Screen – State Only

On this screen, if you are enrolled in a CDHP plan, you can select the plan for an HSA you wish to enroll in, as well as your annual pledge amount.

Health Savings Account

Health Savings Accounts (HSAs) allow you to save tax-free money towards current and future medical payments. Money rolls over each year and you may use your funds on qualified healthcare expenses for you, your spouse or your eligible dependents. State and Higher Education employees whose coverage in the CDHP starts before September 2nd will receive seed funds of \$250 (single coverage) or \$500 (family coverage). Note that your full HSA contribution is not available up front at the beginning of the year to spend and you may only spend funds that are available in your account at that time.

▼ Enroll in Your Plan

Plan Name
Select HSA BCBS East Requires enrollment to Medical CDHP/HSA BCBS East
Select HSA BCBS Middle Requires enrollment to Medical CDHP/HSA BCBS Middle
Select HSA BCBS West Requires enrollment to Medical CDHP/HSA BCBS West
Select HSA Cigna East Requires enrollment to Medical CDHP/HSA Cigna LP East
Select HSA Cigna Middle Requires enrollment to Medical CDHP/HSA Cigna LP Middle
Select HSA Cigna West Requires enrollment to Medical CDHP/HSA Cigna LP

□ Remember to click "Done."

□ Reminder: Optum will be the HSA vendor in 2021.

□ Note: Only Central State employees will have this screen.

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Reminder about Clicking Done

You need to click "Done" after each section to return to the main enrollment page.

Cancel Medical Done

State Employee Annual Enrollment

Task: Annual Enrollment

Welcome Instructions and Video

CSBP Acknowledgment

FSA Acknowledgment

Annual Enrollment

Benefits Statements

Enrollment Summary

Your Monthly Cost: \$176.16

Status: Pending Review

Review Enrollment

Benefits Plans

Medical	Dental	Vision
Current: Standard PPO BCBS Middle New: CIGNA BCBS Middle Status: Changed 1 Dependents Monthly Cost: \$60.00	Current: Pre-Paid New: Pre-Paid Status: Notified 1 Dependents Monthly Cost: \$13.44	Current: Waive New: Waive Status: Notified 1 Dependents Monthly Cost: \$0.00
Review	Review	Review

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The Dental Tile

Dental

Current: Dental Preferred Provider
New: Dental Preferred Provider
Status: ☒ Changed
1 Dependents

Monthly Cost: \$44.72

Review

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The Dental Tile – After Clicking

Dental

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

▼ Enroll Your Dependents

This list shows the names of your dependents who may be eligible for coverage on our plans. Use the **Add Dependent** button to add new dependents to your list. Dependent verification will be required.

Enroll anyone on this list by checking the box next to the dependent's name. To drop a dependent from coverage, uncheck the box next to the name.

Dependents	Relationship
<input checked="" type="checkbox"/> [REDACTED]	Spouse

Add/Update Dependent

▼ Enroll in Your Plan

The Employee plus 1 cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Monthly Cost
<input checked="" type="checkbox"/> Dental Preferred Provider	?	\$44.72	\$44.72

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Back to the Main Enrollment Page

Now, let's click the Vision Tile.

State Employee Annual Enrollment

Welcome Instructions and Video
 Welcome
 CDPHP Acknowledgement
 FSA Acknowledgement
 Annual Enrollment
 Benefits Statements

Task: Annual Enrollment

The Enrollment Overview displays your available benefit options. All of your benefit changes will be effective January 1st, with the exception of Life and/or Disability enrollments which may have a later effective date. Click on the tiles to review your enrollment options. Once you have made your selections, click the green "Submit" button.

YOUR ENROLLMENT IS NOT COMPLETE UNTIL THE SUBMIT ENROLLMENT BUTTON IS CLICKED ON THIS PAGE. Click the green Submit Enrollment button BEFORE proceeding to the next step.

▼ Enrollment Summary

Your Monthly Cost: **\$176.16**
 Status: Pending Review
 Review Enrollment

Benefit Plans

Medical	Dental	Vision
Current: Standard PPO BCBS Mode New: CDPHPA BCBS Mode Status: Changed 1/3 Dependents Monthly Cost: \$60.00 Review	Current: Pre-Paid New: Pre-Paid Status: Visited 1/3 Dependents Monthly Cost: \$13.44 Review	Current: Waive New: Waive Status: Visited 1/3 Dependents Monthly Cost: \$0.00 Review

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The Vision Tile

Vision

Current

Vision Expanded

New

Vision Expanded

Status

Visited

1 Dependents

Monthly Cost

\$10.57

Review

PARTNERS
FOR HEALTH

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The Vision Tile – After Clicking

Cancel

Vision

Done

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eye care needs.

▼ Enroll Your Dependents

This list shows the names of your dependents who may be eligible for coverage on our plans. Use the **Add Dependent** button to add new dependents to your list. Dependent verification will be required.

Enroll anyone on this list by checking the box next to the dependent's name. To drop a dependent from coverage, uncheck the box next to the name.

Dependents	Relationship
<input checked="" type="checkbox"/> [REDACTED]	Spouse

Add/Update Dependent

▼ Enroll in Your Plan

The Employee plus 1 cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Monthly Cost
<div>Select</div> <div>Vision Basic</div> <div>?</div>	\$5.82		\$5.82

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FOR HEALTH

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After Enrollment Choices are Made

State Employee Annual Enrollment

Task: Annual Enrollment

The Enrollment Overview displays your available benefit options. All of your benefit changes will be effective January 1st, with the exception of Life and/or Disability enrollments which may have a later effective date. Click on the tiles to review your enrollment options. Once you have made your selections, click the green "Submit" button.

YOUR ENROLLMENT IS NOT COMPLETE UNTIL THE SUBMIT ENROLLMENT BUTTON IS CLICKED ON THIS PAGE. Click the green Submit Enrollment button BEFORE proceeding to the next step.

You MUST click the "Submit" button!

Review Enrollment

Benefit Plans

Medical	Dental	Vision
Current: Standard PPO BCBS Middle New: CDHP/PHSA BCBS Middle Status: <input type="radio"/> Changed 1 Dependents	Current: Pre-Paid New: Pre-Paid Status: <input type="radio"/> Changed 1 Dependents	Current: Waive New: Vision Basic Status: <input type="radio"/> Changed 1 Dependents
Monthly Cost: \$89.00	Monthly Cost: \$27.91	Monthly Cost: \$6.13
Review	Review	Review

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Upload Dependent Documentation Screen

If applicable, you will be taken to this screen to upload the required Dependent Verification.

Upload Dependent Verification Documents

Documentation will need to be provided for your new dependent(s):

Dependent Name	Relationship	Required Document(s) for Verification
	Natural Child	<ul style="list-style-type: none"> The child's birth certificate; or Certificate of Report of Birth (DS-1580); or Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); or Certification of Birth Abroad (FS-546)

A list of acceptable documents can be found online at this website address: https://www.tn.gov/content/dam/tn/finance/ta-benefits/documents/verify_dependent_docs.pdf

To begin uploading, click "Upload Documents" below and then choose the file on your computer that contains the scanned images of the documents. The documents for all dependents should be uploaded in the same file. The file type should be PDF, TIF, PNG or JPG.

If you are unable to scan and upload documents, please fax them to 815-741-9198. Please include your name and your Social Security Number on the paperwork so we may properly identify your documents. Once you have finished uploading documents, or if you have no documents to upload, click the Continue button at the bottom of this page. Please be aware that your enrollment cannot be completed without this documentation.

If you did not add any new dependents to coverage, you do not need to upload any documents. Please click the Continue button.

Upload Documents

Continue

□ This box will show you what documents are acceptable forms of Verification.

After uploading, you will be taken to the Confirmation Screen. Let's take a look ...

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Confirmation Statement

There are two ways to view your Confirmation Statement.

1. Online – by clicking “Expand All”
2. Print – by clicking “Print View”

Benefits Statement

Statement Type	Enrollment Preview	Description	OES State Annual Enrollment
Enrollment Effective Date	01/01/2020	Statement Issue Date	10/06/2019

This statement is to let you know what benefits you are enrolled in. Below you will find a summary of these benefits selections.

Please look at this summary and make sure that all the information is correct and complete.

If you have any questions about the information below, please contact Benefits Administration at 615-741-3590 or 1-800-253-9981 Monday through Friday from 8 a.m. to 4:30 p.m. Central time within 31 days of the date of this letter.

If you are Medicare eligible active employee, you receive prescription benefits through the State plan. If you retire and choose to elect Medicare Part D, you can find the letter to provide as proof of prescription coverage at https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

If you are an employee on our Local Education or Local Government insurance plans, the costs reflected below are the full premium costs and do not include any subsidies paid by your agency for your coverage.

Please note: If you are a state employee who is interested in enrolling or changing your deductions in the 401(k) or 457 savings plan, you will need to login to the Empower Retirement Services website at <http://www.empower-retirement.com/participant>, to set up your deductions, investment allocations and beneficiaries.

Upon your enrollment, the State of Tennessee Group Insurance program is required by law to notify you of your rights to continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) should you lose your coverage at a later time. To learn more about your COBRA rights, visit the following website: <https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/cobra.pdf>

To request a paper version of the COBRA notice, call 1-800-253-9981.

Statement Sections

Expand All

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Confirmation Statement – Online View

Let's first look at the Online View.

Statement Sections

Expand All

► **Personal Information**
This is a summary of the cost of your benefits. Details are in the Election Summary section.

	Your Cost	
	\$ 436.72	

► **Election Summary**

► **Dependents**

► **Dependent Enrollments**

► **Voluntary Life and AD&D Dependents**

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Confirmation Statement – Online View

If you click "Election Summary," the bottom box is what you will see.

Confirmation Statement

Expand All

Personal Information

This is a summary of the cost of your benefits. Details are in the Election Summary section.

Your Cost: \$ 436.72

Election Summary

Dependents

Dependent Enrollments

Voluntary Life and AD&D Dependents

Tip: You can click "Expand All" to see all of the details about each category.

Election Summary

The following is a summary of your elections. Select the Dependent hyperlink to view the information associated with each benefit. Remember: These coverages will remain in effect until the next Benefits Annual Enrollment or if you experience a change in family status or employment situation.

Benefit Plan	Coverage Base	Dependents	Your Cost
Premier PPO Cigna LP Middle	EE + Sp	0 Dependents	\$ 284.00
Dental Preferred Provider	EE + Sp	0 Dependents	\$ 44.72
Vision Expanded	EE + Sp	0 Dependents	\$ 10.57
EE + SP Basic Life and ADD	\$ 50,000.00	0 Dependents	\$ 7.30
Voluntary AD&D	Waive		

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Confirmation Statement – Print View

Now, let's look at the "Print View" of the Confirmation Statement.

Benefits Statement

Statement Type: Enrollment Preview Description: OES State Annual Enrollment

Enrollment Effective Date: 01/01/2020 Statement Issue Date: 10/06/2019

Print View

This statement is to let you know what benefits you are enrolled in. Below you will find a summary of these benefits selections.

Please look at this summary and make sure that all the information is correct and complete.

If you have any questions about the information below, please contact Benefits Administration at 615-741-3590 or 1-800-253-9981, Monday through Friday from 8 a.m. to 4:30 p.m. Central time within 31 days of the date of this letter.

If you are Medicare eligible active employee, you receive prescription benefits through the State plan. If you retire and choose to elect Medicare Part D, you can find the letter to provide as proof of prescription coverage at https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

If you are an employee on our Local Education or Local Government insurance plans, the costs reflected below are the full premium costs and do not include any subsidies paid by your agency for your coverage.

Please note: If you are a state employee who is interested in enrolling or changing your deductions in the 401(k) or 457 savings plan, you will need to login to the Empower Retirement Services website at <http://www.empower-retirement.com/participant> to set up your deductions, investment allocations and beneficiaries.

Upon your enrollment, the State of Tennessee Group Insurance program is required by law to notify you of your rights to continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) should you lose your coverage at a later time. To learn more about your COBRA rights, visit the following website: <https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/cobra.pdf>

To request a paper version of the COBRA notice, call 1-800-253-9981.

Statement Sections

Expand All

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Confirmation Statement – Print View

State of Tennessee Insurance Plan
Central State Active

CONFIRMATION OF 2020 ELECTIONS
STATE ANNUAL ENROLLMENT
Statement Issue Date: 07/28/2020
Enrollment Effective Date: 01/01/2020

Employee's Name: APPLICATION ARCHITECT Employee ID:

This statement is to let you know what benefits you are enrolled in. Below you will find a summary of these benefits selections.

Please look at this summary and make sure that all the information is correct and complete.

If you have any questions about the information below, please contact Benefits Administration at 615-741-3590 or 1-800-253-9981 Monday through Friday from 8 a.m. to 4:30 p.m. Central time within 31 days of the date of this letter.

If you are Medicare eligible active employee, you receive prescription benefits through the State plan. If you retire and choose to elect Medicare Part D, you can find the letter to provide as proof of prescription coverage at https://www.tn.gov/content/dam/tn/finance/lt-benefits/documents/medicare_part_d_notice.pdf.

If you are an employee on our Local Education or Local Government insurance plans, the costs reflected below are the full premium costs and do not include any subsidies paid by your agency for your coverage.

Please note: If you are a state employee who is interested in enrolling or changing your deductions in the 401(k) or 457 savings plan, you will need to login to the Employer Retirement Services website at <https://empreser.retirement.com/participant> to set up your deductions, investment allocations and beneficiaries.

PERSONAL INFORMATION

Home Address:
Mailing Address:
Email Address:

ELECTION SUMMARY

Benefit	Coverage	Category Base	Your Cost
Standard PPO BCBS Middle	Single		\$ 92.00
Pre-Paid	Single		\$ 13.44
Vision	Waived		
Employee Assistance Program	Generic		
Employee Basic Life and ADD		\$ 50,000.00	\$ 5.94
Voluntary AD&D	Waived		
Short-Term Disability	Waived		
Long-Term Disability	Waived		
Section 457	Waived		
HSA Wellness Incentive Py	Waived		
Longevity Deferred Comp	Waived		
Bonus	Waived		
Flex Spending Medical	No Coverage		
Flex Spending Dependent Care	No Coverage		
Flex Spending Limited Purpose	No Coverage		
Flex Spending Transportation	Waived		
Flex Spending Parking	Waived		
Health Savings Account	No Coverage		
State Gen. Empl. Group 1	Waived		

- ☐ Here is a copy of what the Print View looks like.
- ☐ It will generate a PDF copy that you can download or print.
- ☐ The final version will be available once Benefits Administration has finalized the enrollment choices.
- ☐ The statement will list all information for dependents and beneficiaries.

DEPENDENTS

Name	Date of Birth	Relationship	Marital Status	Dependent
No dependents				

DEPENDENT ENROLLMENTS

Benefit Option	Dependent
No dependents enrolled	

LIFE INSURANCE DEPENDENTS

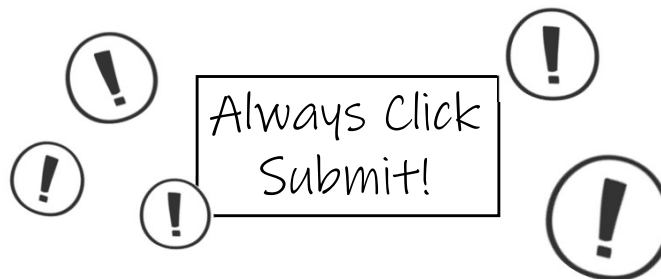
Benefit	Dependent
No dependents defined.	

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In Conclusion

- ☐ There are ways to reset your password on Edison for all Users.
- ☐ Users can look up their Edison Access ID.
- ☐ There is a new AUP with which all users must review and agree.
- ☐ New for 2020 – Fewer Steps!



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